



STATE OF TENNESSEE

DEPARTMENT OF EDUCATION

BILL HASLAM

GOVERNOR

6th FLOOR, ANDREW JOHNSON TOWER

710 JAMES ROBERTSON PARKWAY

NASHVILLE, TN 37243-0375

KEVIN S. HUFFMAN

COMMISSIONER

Religious Exemption from Vaccination(s)

[Print legibly]

state ID

Child's Full Name _____

Parent/Legal Guardian Name _____

Address _____

State _____ **Zip** _____

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian Signature:

_____ **Date** ____ / ____ / 20____